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ABSTRACT

This paper discusses the need for early identification of children's character disorders, because by the time a character disorder becomes a serious problem in the home, school or community, the child is approaching adolescence and it is too late to treat it effectively. Thus the need for early identification in the school. Ten identifying behavioral characteristics are listed and are contrasted with other imbalances of functioning. Such a diagnostic effort is necessary, for a child with immature character development needs a very different remediation thrust from a child who is truly anxious or has a primary learning disability. Intervention using contingency management in the classroom and home is clearly the remediation process that is most successful. Close coordination and communication between school and home is essential in serious cases, with older children and where the parent(s) seem well integrated. If the parent(s) cannot operate a basic contingency management program, counseling assistance is indicated to augment parental capability. The author takes the theoretical posture that character disorders emanate from too much comfort and confidence in early life rather than from too much anxiety and insecurity as has been traditionally held. (Author/PFS)

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IMMATURE CHARACTER DEVELOPMENT:
SCHOOL IDENTIFICATION/REMEDIATION OF CHARACTER DISORDERS IN CHILDREN

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Traditionally we have understood behavior and productivity problems as symptoms of stress: learning disabilities, or conflicts at home that result in an upset, acting-out child. Yet, as a front line practitioner, specializing in the treatment of these problems, I submit that the most frequent source of these behaviors in our culture is too little stress and anxiety, rather than too much! It may be helpful to take a brief look at how my working experience with these problems has shaped this "unorthodox" conclusion.

As I opened my practice in clinical child psychology several years ago most of the children who were referred to me were the cases no one else wanted to work with because they "would not respond to treatment". I was able to confirm that indeed these children do not respond to the traditional intervention thrusts I had been taught such as play therapy. I bought more and better toys in order that they could more fully express their anger, play out their internal conflicts, and begin to experience themselves more positively. In proper clinical style I told parents and teachers that they should be patient, for "symptoms tend to get worse before they get better". But the symptoms of these children never did improve. Rather than acting anxious and insecure, these children all too often seemed to be comfortable, confident, swaggering bullies.

At this point I threw out all assumptions with regard to etiology and remediation and frantically began to try other approaches. Clearly I have been shaped by what "bore fruit". What succeeded was not working with the unmotivated youngsters but rather a combination of coaching the parents and working closely with school personnel to build a behavioral reshaping program that was closely coordinated, and integrated the central components of the child's environment.

My experience is that in middle class families most immature behavior patterns are learned in a home atmosphere of too much acceptance, permissiveness, and indulgence. Because the parents have, in effect, run a "give-away show", the children have acquired a distorted orientation to the relationship between themselves and the world. This gives them the self-image of a "crown prince", but this image soon

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tarnishes to that of a "child tyrant". These children have not only been allowed to be very self-indulgent and self-centered, but they have also been allowed to control excessively and become very powerful. They use their power to keep life comfortable, easy, and on their own terms. In effect, they use their power to maintain their infantile "baby behaviors". These children continue to move toward adulthood unable to function with basic human capabilities, such as the capacity to defer immediate gratification, to enter into recipricol give-and-take relationships with others, and to recognize that they are only one part of a family or class, and not the center of the universe. Most important of all, they lack a vital awareness that they are responsible for their own behavior. Thus, they are unable to receive negative data and self-correct as a part of a human growth process. As a result, the prognosis for these children ever becoming fully functioning adults becomes increasingly dim, for disorders of character development tend to be insidiously progressive and increasingly destructive in their course. By definition they grow continuously worse, as "three year old behavior" is maintained throughout childhood and into adulthood with self-corrective messages unreceived or deflected in projection of blame onto others. Thus this "spoiled" child, who has been so beloved, and often bright and advantaged, begins to slip forever downward in each encounter with life. He becomes a true cripple educationally, vocationally, socially and emotionally. He cannot hold a job or effect a loving adult relationship. The cost is also high to families absolutely shredded by this sort of child. At the same time, schools and communities are victimized in a variety of ways, from the depletion of instructional and mental health resources to massive vandalism.

Teachers report that though they may have only one, two, or three such children in a class of thirty, these problem prolific children can drain off 25 to 50% of their teaching energies and thus detract enormously from the instructional program for the remaining children in the class. My experience is that in Special Education classes the majority of the children tend to have this imbalance of functioning to a significant degree, so that the children who are truly frightened and withdrawn, or may have severe learning disabilities, frequently do not get the help that they need due to the preempting press of immature, aggressive, acting-out children.

From the experience I have gleaned while working constantly with these children and families, I have come to view this stalled development phenomena as a very different

entity from neurosis, with a different etiology, and certainly a different remediation process being required. What I have come to call "immature character development" is almost synonomous with what others have called psychopathic personality. I find the term "immature character development" to be less insidiously labelling, and much more descriptively useful. The keystones of the phenomena are the same ... limited guilt and anxiety, and the same lack of response to traditional treatment that has been observed in psychopathic individuals. When identification is made early enough, and when the remediation process can be sufficiently comprehensive and intense, it is my experience that this is a highly treatable disorder. It is not the hopelessly irreversible process that the psychopathic personality has been thought to be. This is an imbalance of functioning that behavior modifiers have been so successfully treating in recent years with contingency management programs. I see behavioral analysis and management (using contingency intervention) as being the treatment of choice with this population.

Behavior modifiers tend to be very uncomfortable with the whole issue of etiology, feeling that it is quite irrelevent to the intervention process. Yet I have found that in order to involve parents and teachers fully in intensive and often prolonged and difficult remediation efforts, I have had to deal with etiology by reassuring them that the contingencies being used will in no way harm the developing psyche of the child, who likely has an "ego" like a rock! These parents and teachers are operating in a culture that is still regularly emitting messages to the effect that nearly all psychopathology emanates from anxiety and insecurity. Without this background understanding of etiology, all too often a truly crucial team member, such as a teacher or parent gets lost in the middle of the contest for control. As the child fights to maintain his immature behavior patterns there is a dangerous proneness, especially by parents, to reach out to a practitioner who would place the child in individual therapy, and would seem to remove the parents from all the conflict that is a part of a successfully therapeutic confrontation for power. In a family with an aggressive child, there is no way this contest for control can be free of conflict.

Parents and teachers likewise must understand that augmentation of anxiety is actually a central thrust of the treatment process which aims to change not just behaviors, but also an orientation to life. Without an appropriate level of anxiety, people do not have the emotional foundation for self-improvement and growth. Balanced living requires an optimal mixture of security and insecurity -- together!

When a teacher sees that a child is consistently having a problem with behavior and/or productivity, the first step is to evaluate his/her behavior and adjustment patterns and consider the basic identifying characteristics of immature character development:

1. Avoidance of effort unless it is "fun".
2. Inability to program effort to accomplishment because of impulsive, immediate gratification patterns. If a quick thrust does not bring immediate success, the task is dropped.
3. Constant need to be the center of attention, and a readiness to act-out to accomplish this.
4. Aggressive, manipulative behavior to maintain control, or to effect an easy advantage over others. A taker rather than a giver. Little real outreach toward others.
5. A tendency to leave peers if unable to dominate them. Also there is frequently a clear preference for playing with younger children in order to be able to constantly "have his/her way".
6. Heavy, even frantic limit testing with adults.
7. Limited self evaluation skills, indeed considerable confidence without real competence. No sense of need to improve or grow toward greater capability - little intrinsic self-improvement drive.
8. When things go wrong the tendency to externalize responsibility and blame others.
9. Limited frustration tolerance. Will "blow up" or tantrum when things get difficult.
10. Vigorous efforts to resist change. Clings tenaciously to control as a means of hanging on to all of the above infantile behavior patterns.

It is readily apparent that the behavior patterns of a child with this imbalance of functioning are very different from those that are seen in the frightened, neurotic child who has a poor self-image and an abiding hunger to be found adequate and acceptable.

Distinguishing the child with immature character development from a child with a learning disability can be more difficult, for the learning disabled child soon seeks to avoid areas of failure, and thus can show a similar avoidance of academic involvement that looks very much like the child with immature character development.

Yet, the child with a learning disability rarely demonstrates very many of the other behavioral traits that have been detailed above, though they may demonstrate "short-fuse" behavior due to their constant discouragement and frustration.

It must be remembered that no one is neurologically perfect, and nearly every child has some learning difficulties. Usually the key to whether these become major impediments to the educational process or not is the level of motivation the child brings to his involvement with difficult material. Determination and persistence are totally essential in the effort to keep a slight perceptual or processing defect from becoming a major learning disability. In my experience, most children with major learning problems have poor work habits as a primary rather than a secondary problem. Another diagnostic sign is that both the anxious, neurotic child and the child with a true learning disability tend to benefit from positive involvement. They glow and grow as the caring teacher relates to them in a supportive fashion. In contrast, the child with immature character development tends to assume that special consideration is his/her natural right. It is expected as the "crown prince" looks to special involvement as a privilege of exalted status. Thus extra teaching support is not fuel for growth, only for maintenance of the destructive status quo.

When a child has been identified as having immature character development, yet it appears that the magnitude is mild and the child is young (K, 1 or 2), there is good probability that school problem behaviors can be remediated within the classroom using very basic contingency management:

"Until you have finished this page and I have checked it, you cannot go to the science table"

"Until your behavior improves, you will have to work at the desk in the corner and face the wall."

"If you refuse to take turns, you will have to sit on the bench."

There are also group based management techniques that are powerful such as:

"When you get 100 points you can bring your hamster to school for a week. You can earn as many as five points a day for working hard, finishing your papers, and five more points for not pushing and hitting at recess."

In such a program it is assumed that other class members are eager to have the animal in class, and thus will cue the child to improve his/her academic and social behaviors.

If the school year is about to begin and the teacher knows he/she is going to inherit a child with immature character development, an agonizing long struggle can be avoided by orienting the child to the new class in a firm, no-nonsense way from the first moment he/she enters the classroom:

> "In the first grade you will not be able to behave the way you did in kindergarten, for we have so much to learn. You will be able to sit with the rest of the children only if you are working and behaving like a first grader.", etc.

If these in-class remediation efforts are not effective, it is time to reach for more help from administrators, school psychologists, counselors, etc. They can help with the design and administration of more sophisticated behavior change strategies such as token reinforcement systems, effective "time-out" procedures (isolation from interesting stimuli and involvement), or even systematic exclusion from school.

If the magnitude of the immature behavior is much more severe, or the child is older, it will likely be necessary to reach beyond the school to the home for the backup reinforcement that cooperative parents can provide so effectively. First it is necessary to conference extensively with the parents in order that they understand the nature and extent of the problem. If you are fortunate, they will be consciencious parents who have "spoiled" their child by trying too hard to be perfect parents. This is a very common parenting pattern, as has been indicated above, as parents have been fed a steady diet of permissiveness in child rearing in recent years. The conscienciousness and involvement of these parents can usually be re-directed as solid data is presented indicating the imperative need for new behaviors in their child.

Once the parents are ready to work with the school, a very simple system of daily feedback can be set up so that every day the parents will know how things went at school with regard to the important issues of effort and conduct. With this data they can relate the amount of free time, television, dessert, bedtime, etc., to the sort of day the child had at school. Unless the child is massively nonresponsive to such behavioral reinforcers, parents need not get into punishment. The provision or withdrawal of the regular privileges or "goodies" the child enjoys after school and during the evening, is usually sufficient if it is done consistently and with a "we mean business" parental approach. Parental delight with a good day's report will hopefully be meaningful to the child.

Such a daily "report card" usually consists of a place for the date at the top, and then down the left side of the page the component times of the school day or subjects are listed. From three to eight component times are customary, with fewer for the younger child (before recess, after recess, etc.). For each time period a three point rating is made for effort and behavior separately, if they seem to be at all independent. If one or the other is not a problem then only the problem is tracked. A teacher can write in "good", "fair" or "poor", use letter grades, or whatever is quick, understandable to all and not easily filled in by the student. For a young child a "smiley face", "straight face", or "frowny face", designated by the way the mouth is drawn, is a three point rating that is immediately understood by all. The child is rated and told why the rating was given, and if time allows, the child is cued as to how he can get a better rating next period. To the right of the page there should be space for additional optimal comments each time period. A sheet like this can go from class to class with the older child, with it being his/her responsibility to get it completed by all teachers and home each afternoon. If it does not come home, the parents should assume that it was a poor day and respond accordingly.

If school personnel are not fortunate enough to have consciencious and cooperative parents to relate to, it is quite difficult to put together a successful school/home feedback system. A second sort of common parenting pattern for the child with immature character development is the "chaotic" parent. Here either the parents do not function together, or the principal parent is not a well integrated person. In the resulting chaos the child usually is able to control to maintain baby behavior just as easily as the indulged child. When this pattern is evident it is often necessary to reach out further into the community for help, such as from a mental health professional who can try to bring the parents back together in child rearing, or can help stabalize a faltering parent.

A strong note of caution! Most mental health professionals have been trained thoroughly in the theoretical posture that all pathology emanates from insecurity and anxiety. Traditionally, psychoanalytically based interventions have been somewhat successful with neurotic people, but I submit are so profoundly unsuccessful in remediating character disorders as to actually contribute to the acceleration of the destructive process. A child who is already too comfortable and confident is not helped by a professional who hangs on his every word and counsels parents and teachers

to remove pressures from him. These aggressive children do not benefit from a process that encourages further expressive acting out of their angry impulses. Rather they need to be trained to develop basic life competencies, and to respect the realities of community living and the human rights of other individuals.

This caution clearly suggests that it is necessary for the referring school person to know well the professional style of the mental health worker who is to be included as a part of the remediation team. Generally someone who operates with a stronger measure of "old fashioned common sense" than psychodynamic theory will be the most helpful, especially if they have a good working knowledge of basic contingency management procedures.

Finally, I should emphasize that I am not talking about pushing children into a culturally normalized mold. Rather, I am concerned about them not moving through the life sequence process and developmental flow that is necessary for adulthood that incorporates a reasonable degree of basic human capabilities. It seems that as our society has become so preoccupied with protecting our children from frustration and stress, we have deprived them of the strengthening insecurities and coping experiences that life requires for well balanced functioning and growth.